UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

1

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Serial/Patent #						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
	Filing					\$
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
	Petition					\$
	Issue					\$
	Cert of Correction/Terminal Di	isc.				\$
	Maintenance		_			\$
	Assignment	1				\$
	Other					\$
			7 TOTAL AMOUNT OF REFUND \$			
			8 TO BE REFUNDED BY:			
10 REASON:		***********	Treasury Check			
	Overpayment			C	redit Depo	osit A/C #:
·	Duplicate Payment			9		
	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:				T	ITLE:	
SIGNATURE:				P	HONE:	473845 DKTBWFII
OFFICE:		<u> </u>		Adjus 12720 1282 Ec	tment bate: 00/2 /2004 LLAHDGRA 0 21622	0/2005 PKIDWELL 0000022 141270 105175 00 CR
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED:		DATE	: _			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)